

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2		1					52	
3	1						53	
4		1					54	
5		2					55	
6		2					56	
7			1				57	
8				1			58	
9			1				59	
10				1			60	
11			1				61	
12				1			62	
13				1			63	
14				1			64	
15			1				65	
16				1			66	
17				1			67	
18				1			68	
19				1			69	
20			1				70	
21				1			71	
22				1			72	
23				1			73	
24				1			74	
25				1			75	
26				1			76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.			5				TOTAL IND.	
TOTAL DEP.			15				TOTAL DEP.	
TOTAL CLAIMS			20				TOTAL CLAIMS	